

**STATE OF RHODE ISLAND INFORMATION UPDATE QUESTIONNAIRE**

**Company Name:** \_\_\_\_\_

**NAIC Number:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**NAIC Group Name:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Statutory Home Office Address:** \_\_\_\_\_  
\_\_\_\_\_

**Main Administrative Office Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Annual Statement Contact Person:** \_\_\_\_\_

**Date of Incorporation:** \_\_\_\_\_

**Effective Date of Redomestication or Name Change:** \_\_\_\_\_

*Pursuant to Rhode Island General Law §27-2-1.1, all insurers' doing business in RI are required to provide a toll free number or to accept collect calls from RI residents. In the space provided below, please provide a toll free number or the insurers' telephone number that will accept collect calls from residents of our State.*

**Toll Free Number:** \_\_\_\_\_

**or**

**Collect Number:** \_\_\_\_\_

*In addition, please provide the name and address of the individual at the company to whom Service of Process should be forwarded to once accepted by this Division:*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**(If Different than Home Office Address)**

**Form Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Name and telephone number)*

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, INCOMPLETE FORMS WILL BE RETURNED**